

Excellence in Education
30695 Tennessee
Roseville, MI 48066

TO: Carmella Sabaugh, County Clerk
FROM: Lori Cook, Treasurer
DATE: May 3, 2006
SUBJECT: Campaign Finance Annual Statement

Enclosed you will find the amended committee reports requested by your office. We believe we have addressed each of the corrections you were seeking.

The single exception is your request for a listing of all individual purchasers of election campaign pins (270 @ \$5 each). In previous campaigns we were never required to provide that information and, therefore, records of the pin purchaser's names were not kept for our December 2004 election or for our just concluded May 2, 2006 election.

We regret that we are unable to provide the pin information and await your guidance as to how you would like us to proceed.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

AMENDED 06 MAY -3 PM 2:22

BALLOT QUESTION COMMITTEE
COVER PAGE

CARMELLA SABAUGH
HACON COUNTY CLERK
MT. CLIFF FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 11 9 04 To 12 31 04
Mo Day Year Mo Day Year

1. Committee I.D. Number
137553

4. Committee's Mailing Address

26017 Ronald
Roseville, MI 48066 586-777-5205

2. Committee Name

EXCELLENCE IN EDUCATION

Area Code and Phone ()
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

CARMEL HART
26017 RONALD
ROSEVILLE, MI 48066 586-777-5205
Area Code and Phone ()

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone ()

Area Code and Phone ()

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

8b. ☒ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY ☐ GENERAL

☒ SCHOOL ☐ SPECIAL

Date of Election:

12 6 04
Month Day Year

8c. ☒ ANNUAL STATEMENT
(04 Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION
STATEMENT (Required of
State-wide Ballot Question
Committees Only)

Date of Qualification or Non-
Qualification:

Month Day Year

8e. ☒ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the
committee has no assets or outstanding debts,
including late filing fees. Note: The disposition
of residual funds must be reported on Schedule
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Carmel S. Hart

Type or Print Name

Signature

Date

5/1/06

Month Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553
2. Committee Name Excellence in Education

RECEIPTS

	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>4,785.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>4,785.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>4,785.00</u>	(20.) \$ _____

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>4,086.46</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>4,086.46</u>	(21.) \$ _____

EXPENDITURES

8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>4,086.46</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>4,086.46</u>	(24.) \$ _____

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
---	----------------	----------------

DEBTS AND OBLIGATIONS

12. Debts and Obligations	
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>4,785.00</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>4,785.00</u>
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>4,086.46</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>698.54</u> *

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Education in Excellence

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Roseville Principal Association</u> Address: <u>17855 Common Rd Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct Loan from a person Fund Raiser		200.00	
3. Contribution # 2	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Miglio, Barbara</u> Address: <u>26729 Kaiser Rosville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct Loan from a person Fund Raiser		15.00	
3. Contribution # 3	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Young, Loretta</u> Address: <u>35728 Devereaux Clinton Twp MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct Loan from a person Fund Raiser		50.00	
3. Contribution # 4	4. Date of Receipt <u>12/6/04</u>		
Name: <u>Pin Sales - District Wide (220 at 5 each)</u> Address: <u>Administration Bldg 18975 Church Street Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person <input checked="" type="checkbox"/> Fund Raiser		1,100.00	
Page Subtotal)		1,365.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Roseville Federation of School Administrators</u> Address: <u>18975 Church Street</u> <u>Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200.00	
3. Contribution # 2	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Karen McGuire</u> Address: <u>11183 Bay Shore Court</u> <u>Clarkston, MI 48348</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 3	4. Date of Receipt <u>11/26/04</u>		
Name: <u>Fire Extinguisher Sales and Service</u> Address: <u>31551 Groesbeck</u> <u>Fraser, MI 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 4	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Wangrud, Ronald</u> Address: <u>53552 Oakview</u> <u>Shelby Twp, MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		400.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>11/29/04</u>		
Name: <u>Greve, Ronald</u> Address: <u>48745 Valley Forge Macomb, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Dinning and Greve</u> Business Address <u>25509 Kelly Rd Roseville MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250.00	
3. Contribution # 2	4. Date of Receipt <u>11/29/04</u>		
Name: <u>Dinning, Douglas</u> Address: <u>3770 Lake Forest Drive Sterling Heights MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Dinning and Greve</u> Business Address <u>25509 Kelly Rd Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250.00	
3. Contribution # 3	4. Date of Receipt <u>11/29/04</u>		
Name: <u>Steenland, Joseph</u> Address: <u>31490 Kelly Rd Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 4	4. Date of Receipt <u>12/3/04</u>		
Name: <u>PTO Kaiser Elementary, Rosville Community Schools</u> Address: <u>16700 Wildwood Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		250.00	
Page Subtotal)		800.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Comerica Bank (3354)</u> Address: <u>P.O. Box 75000 Detroit, MI 48275</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>11/24/04</u>	100.00	
3. Contribution # 2 Name: <u>Roseville Federation on Teachers Local 1071</u> Address: <u>17063 East 10 Mile Rd Eastpointe, MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>12/7/04</u>	1,000.00	
3. Contribution # 3 Name: <u>Kepler, Irene</u> Address: <u>27344 Leroy Street Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</u> Employer <u>Roseville Community Schools</u> Business Address <u>18975 Church Street Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>12/7/04</u>	150.00	
3. Contribution # 4 Name: <u>DeFelice, Lisa</u> Address: <u>15437 Curtis Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>12/9/04</u>	70.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		1,320.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>12/9/04</u>		
Name: <u>J&J Michigan Inc.</u> Address: <u>P.O. Box 680 Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct Loan from a person Fund Raiser		500.00	
3. Contribution # 2	4. Date of Receipt <u>12/9/04</u>		
Name: <u>Claseman, Judy</u> Address: <u>21717 Lakeshire St. Clair Shores, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct Loan from a person Fund Raiser		50.00	
3. Contribution # 3	4. Date of Receipt <u>12/20/04</u>		
Name: <u>PTO Dort Elementary - Roseville Community Schools</u> Address: <u>16225 Dort, Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct Loan from a person Fund Raiser		50.00	
3. Contribution # 4	4. Date of Receipt <u>12/29/04</u>		
Name: <u>PTO RJHS - Roseville Community Schools</u> Address: <u>16250 Martin Rd. Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct Loan from a person Fund Raiser		50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		650.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553
2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>12/20/04</u>		
Name: <u>Pin Sale - Roseville Junior High (50 at 5 each)</u> Address: <u>16250 Martin Rd Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <u>Direct</u> <u>Loan from a person</u> <input checked="" type="checkbox"/> <u>Fund Raiser</u>		250.00	
3. Contribution # 2	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <u>Direct</u> <u>Loan from a person</u> <u>Fund Raiser</u>			
3. Contribution # 3	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <u>Direct</u> <u>Loan from a person</u> <u>Fund Raiser</u>			
3. Contribution # 4	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <u>Direct</u> <u>Loan from a person</u> <u>Fund Raiser</u>			
Page Subtotal)		250.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		4,785.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Rebecca Vasil c/o Roseville Community Schools 18975 Church St. Roseville, MI If over \$100.00 cumulative, please provide: 48066 Occupation Deputy Superintendent Employer Roseville Community Schools Business Address 18975 Church St, Roseville MI <input type="checkbox"/> Fund Raiser 48066	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>11-3-04</u> 6. VENDOR NAME & ADDRESS: Roseville Rec Center <u>18185 Sycamore, Roseville MI 48066</u>	\$20.00	\$20.00
Contribution #2 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation see above Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>lapel pins</u> 5. DATE OF RECEIPT: <u>11-3-04</u> 6. VENDOR NAME & ADDRESS: The Education People Inc. <u>334 Underhill 4CD, Yorktown Hts NY 10598</u>	\$481.14	\$501.14
Contribution #3 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation Employer see above Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>11-9-04</u> 6. VENDOR NAME & ADDRESS: Roseville Rec Center <u>18185 Sycamore, Roseville MI 48066</u>	\$20.00	\$521.14

Page Subtotal
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$521.14

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Rebecca Vasil c/o Roseville Community Schools 18975 Church St. Roseville, MI If over \$100.00 cumulative, please provide: 48066 Occupation Deputy Superintendent Employer Roseville Community Schools Business Address 18975 Church St, Roseville MI <input type="checkbox"/> Fund Raiser 48066	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>bulk mail permit, postage fees</u> 5. DATE OF RECEIPT: <u>11-16-04</u> 6. VENDOR NAME & ADDRESS: Roseville Post Office Roseville, MI 48066	\$609.20	\$1,130.34
Contribution #2 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation see above Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>lapel pins</u> 5. DATE OF RECEIPT: <u>11-17-04</u> 6. VENDOR NAME & ADDRESS: The Education People Inc. 334 Underhill 4CD Yorktown Hts, NY 10598	\$588.06	\$1,718.40
Contribution #3 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation Employer see above Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>stamps</u> 5. DATE OF RECEIPT: <u>11-18-04</u> 6. VENDOR NAME & ADDRESS: Roseville Post Office Roseville, MI 48066	\$100.00	\$1,818.40

Page Subtotal
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$1,297.26

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Rebecca Vasil c/o Roseville Community Schools 18975 Church St. Roseville, MI If over \$100.00 cumulative, please provide: 48066 Occupation Deputy Superintendent Employer Roseville Community Schools Business Address 18975 Church St, Roseville MI <input type="checkbox"/> Fund Raiser 48066	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>postage</u> 5. DATE OF RECEIPT: <u>11-20-04</u> 6. VENDOR NAME & ADDRESS: Roseville Post Office Roseville, MI 48061	\$23.00	\$1,841.40
Contribution #2 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation see above Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>bulk mailing fee</u> 5. DATE OF RECEIPT: <u>11-23-04</u> 6. VENDOR NAME & ADDRESS: Roseville Post Office Roseville, MI 48061	\$91.16	\$1,932.56
Contribution #3 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation Employer see above Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>11-23-04</u> 6. VENDOR NAME & ADDRESS: Roseville Rec Center 18185 Sycamore Roseville MI 48066	\$20.00	\$1,952.56

Page Subtotal
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$134.16

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Rebecca Vasil c/o Roseville Community Schools 18975 Church St., Roseville MI If over \$100.00 cumulative, please provide: 48066 Occupation Deputy Superintendent Employer Roseville Community Schools Business Address 18975 Church Street, Roseville MI <input type="checkbox"/> Fund Raiser 48066	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>stamps</u> 5. DATE OF RECEIPT: <u>11-30-04</u> 6. VENDOR NAME & ADDRESS: Roseville Post Office Roseville, MI 48061	\$1,150.00	\$3,102.56
Contribution #2 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation see above Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>12-6-04</u> 5. DATE OF RECEIPT: <u>meeting refreshments</u> 6. VENDOR NAME & ADDRESS: Kroger 26130 Gratiot, Roseville MI 48066	\$18.52	\$3121.08
Contribution #3 Name and Address: Lynr. Hutchison c/o Roseville Community Schools 18975 Church St, Roseville MI 48066 If over \$100.00 cumulative, please provide: Occupation Director of Business Affairs Employer Roseville Community Schools Business Address 18975 Church Street Roseville, MI 48066 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>envelopes, labels</u> 5. DATE OF RECEIPT: <u>11-9-04</u> 6. VENDOR NAME & ADDRESS: Office Depot 19001 E. Nine Mile Eastpointe, MI 48021	\$93.20	\$93.20

Page Subtotal
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$1,261.72

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Lynn Hutchison c/o Roseville Community Schools 18975 Church St. Roseville, MI 48066 If over \$100.00 cumulative, please provide: Occupation Director of Business Affairs Employer Roseville Community Schools Business Address 18975 Church St., Roseville MI <input type="checkbox"/> Fund Raiser 48066	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>cardstock</u> 5. DATE OF RECEIPT: <u>11-17-04</u> 6. VENDOR NAME & ADDRESS: Xpedex Paper & Graphica <u>28030 Groesbeck, Roseville Mi 48066</u>	\$125.84	\$219.04
Contribution #2 Name and Address: Lynn Hutchison see above If over \$100.00 cumulative, please provide: Occupation see above Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>postage</u> 5. DATE OF RECEIPT: <u>11-19-04</u> 6. VENDOR NAME & ADDRESS: Roseville Post Office <u>Roseville, MI 48066</u>	\$696.34	\$915.38
Contribution #3 Name and Address: Lynn Hutchison see above If over \$100.00 cumulative, please provide: Occupation see above Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>postage</u> 5. DATE OF RECEIPT: <u>11-22-04</u> 6. VENDOR NAME & ADDRESS: <u>Roseville Post Office</u> <u>Roseville, MI 48066</u>	\$50.00	\$965.38
Page Subtotal		\$872.18	
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)		\$4,086.46	

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553

2. Committee Name Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: Rebecca Vasil Address: c/o Roseville Community Schools 18975 Church Street Roseville, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Reimbursement of In-Kind</u> <u>Contribution LOAN</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	12/28/04	\$3,121.08	\$3,121.08
Expenditure # 2 Name: Lynn Hutchison Address: c/o Roseville Community Schools 18975 Church Street Roseville, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Reimbursement of In-Kind</u> <u>Contribution LOAN</u> 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	12/28/04	\$965.38	\$965.38
Expenditure # 3 Name: _____ Address: _____ <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name: _____ Address: _____ <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

\$4,086.46

\$4,086.46

Enter this total
on Line 8a of
the Summary
Page